

# Improving health outcomes through patient education and partnerships with patients

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“Each patient carries his own doctor inside him.”  
—Norman Cousins, *Anatomy of an Illness*

To improve health care outcomes, physicians must spend more time with patients. The teaching physician's interaction with the patient must be enthusiastic, motivated, and responsive to the individual patient's needs. For individual members of our society to realize the benefits of physician health education, there is a need for a robust, hearty engagement between patients and physicians.

Interventions to improve self-care have led to documented improvements in self-efficacy. Self-efficacy is defined as one's belief in one's ability to succeed in specific situations, or accomplish certain tasks. One's sense of self-efficacy plays a major role in how one approaches goals, tasks, and challenges regarding one's health. Clinical benefits have been seen in trials of lifestyle intervention within a wide range of conditions such as diabetes, coronary heart disease, heart failure, and rheumatoid arthritis (1).

In the context of escalating health care costs and shocking future cost projections, the potential for improved health outcomes through patient education and self-management programs is immense. In the early 1990s, it was estimated that 50% of the annual mortality toll in the US was premature. Tobacco use, poor diet, a lack of physical exercise, alcohol consumption, exposure to microbial agents, use of firearms, risky sexual behavior, motor vehicle accidents, and illicit drug use were the culprits causing premature death. Approximately 80% of premature deaths were due to tobacco use, dietary patterns, and a low physical activity level (1). Clearly, these are all behaviors we could modify to reverse the trends. For those individuals who do not smoke, eat healthy food, and participate in regular exercise programs, the hazard ratio for diabetes, myocardial infarction, stroke or cancer was 0.22 (2).

There is a belief in the medical community that physical activity and diet can reduce the risk of developing coronary artery disease, hypertension, diabetes, and the metabolic syndrome. A comprehensive systematic review reinforced this notion by revealing that there is irrefutable, convincing evidence for the benefit of exercise in improving clinical outcomes in metabolic disorders, coronary heart disease, and heart failure (3).

Physicians must promote patient education and engagement through improvement in patients' health literacy. Health

literacy is defined as the capacity to seek, understand, and act on health information (4). The presumption has been that low health literacy means that physician communication is poorly understood, leading to incomplete self-health management and responsibility and incomplete health care utilization (5). It is the responsibility of physicians to proactively enable patients to have more accessible interactions and situations that promote health and well-being. Health literacy is the primary responsibility of physicians, given that it is physicians who determine the parameters of the health interaction, including physical setting, available time, communication style, content, modes of information provided, and concepts of sound health care decision crafting and acquiescence. There are communication methodologies and behaviors that physicians can implement to ameliorate the potential risks associated with limited patient health literacy, including avoiding medical jargon, engaging in patient questions, explaining unfamiliar forms, and using “teach back” as a method to ensure understanding (6).

Critical to any educational process is time. The development of patient health literacy is crucial to our proven health prevention measures of exercise and diet. Patients must have a deep understanding of the impact healthy interventions can have on their present and long-term health. Physicians will need to spend time and energy educating patients to see behavioral change that results in improved health outcomes and reduced morbidity and mortality due to preventable chronic diseases such as diabetes, obesity, and coronary and cerebrovascular disease. As physicians, we will know when we have reached the threshold of being an excellent teacher by observing responsible patients.

The partnership between a physician and patient requires dual responsibility. Physicians have a duty to inform patients how to achieve health and wellness, and patients have a

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responsibility to act on the information provided in their best health interest. Medical informed consent is essential to the physician's ability to diagnose and treat patients, as well as the patient's right to accept or reject clinical evaluation, treatment, or both.

Medical informed consent should be an exchange of ideas that buttresses the patient-physician relationship. The consent process should be the foundation of the fiduciary relationship between a patient and a physician. Physicians must recognize that informed medical choice is an educational process and has the potential to affect the patient-physician alliance to their mutual benefit. Physicians must give patients equality in the covenant by educating them to make informed choices. Patients must use the educational process to make rational health choices.

When physicians and patients take medical informed consent seriously, the patient-physician relationship becomes a true partnership with shared decision-making authority and responsibility for outcomes. Physicians need to understand informed medical consent from an ethical foundation, as codified by statutory law in many states, and from a generalized common-law perspective requiring medical practice

consistent with the standard of care. It is fundamental to the patient-physician relationship that each partner understands and accepts the degree of autonomy the patient desires in the decision-making process (7).

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